

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049604

DO NOT WRITE  
ON THIS STUB

AMENDED

Primary District No.

318

Primary Registration District No.

1003

12631

STATE FILE NUMBER

FILED JAN 17 1963

Registrar's No.

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>5141 Waterman</b>	
3. NAME OF DECEASED (Type or print) First <b>Walter</b> Middle <b>Lee</b> Last <b>Whitehead</b>				4. DATE OF DEATH Month <b>December</b> Day <b>29</b> Year <b>1962</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>4/19/1933</b>	
9. AGE (last birthday) <b>29</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Expeditor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McDonnell Aircraft</b>		11. BIRTHPLACE (City and state or country) <b>Campbell, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		13a. FATHER'S NAME <b>Otis Whitehead</b>		13b. MOTHER'S MAIDEN NAME <b>Inis Garrison</b>		14. NAME OF HUSBAND OR WIFE <b>Maxine</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes Korean War</b>				16. SOCIAL SECURITY NO.			
17. INFORMANT <b>Maxine Whitehead, 5141 Waterman</b>				Address			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) <b>4201</b>				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>3:05 p.m.</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Campbell, Mo.</b>	
20g. COUNTY		20h. STATE		21. I attended the deceased from <b>3:05 p.m.</b> to <b>4:00 p.m.</b> and last saw her alive on <b>12-31-62</b> Death occurred at <b>3:05 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert M. J. Smith, M.D.</b>		(Degree or title)		22b. ADDRESS <b>1300 Oak Ave</b>		22c. DATE SIGNED <b>12-31-62</b>	
22d. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		22e. DATE <b>12-30-62</b>		22f. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>		22g. LOCATION (City, town, or county) <b>Campbell, Mo.</b>	
22h. FUNERAL DIRECTOR <b>Albert H. Hoppe, Inc., 4700 Washington Blvd.</b>		22i. ADDRESS		22j. DATE RECD. BY LOCAL REG. <b>DEC 31 1962</b>		22k. REGISTRAR'S SIGNATURE <b>Robert M. J. Smith, M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 17 1963  
MAR 19 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John J. Haines*

Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

- If this body is not embalmed, fact should be so stated above.